

Michigan Department of Energy, Labor & Economic Growth
Bureau of Commercial Services
Licensing Division
P.O. Box 30018, Lansing, MI 48909
517-241-9288; Fax 517-373-3085

BOARD OFFICE USE ONLY	
<input type="checkbox"/> Process	
<input type="checkbox"/> Refer to Enforcement	
Date:	
By:	

REQUEST FOR CONVICTION HISTORY

Applicant's Name (Last, First, Middle)		Date of Birth	Social Security Number	
Mailing Address (Number and Street)		City	State	Zip Code
Occupation:		License Type:		

The following information is required in conjunction with your application for licensure/registration. In accordance with The Former Offenders Act, 1974 P.A. 381, as amended, this is to provide you with an opportunity to explain your affirmative response to the question(s) on your application which asked if you had been convicted of a felony or misdemeanor.

REPORT ALL CONVICTIONS. Use the back of this form or an attachment if you wish to provide additional information. If you are unsure of exact details, respond to the best of your knowledge. Failure to provide the information may result in the denial of your application.

1. Your name when convicted.		2. Indicate ALL crimes for which you were charged and convicted.	
3. Name and address of sentencing court(s):		4. Date(s) of conviction(s) and sentence(s):	
5. Check Yes or No to the following: A. Current Inmate? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Current on Probation/Parole? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Name, address and telephone number of correctional facility, probation officer, or parole office, if applicable: 			
6. Release date from custody, probation or parole:		7. Rehabilitation programs enrolled in or completed:	

I hereby certify that the statements and facts provided are true and accurate to the best of my knowledge.

Signature	Date
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